

Minutes

ETHNIC HEALTH ADVISORY COMMITTEE

January 9, 2006
5:00 – 7:00 PM
Cannon Health Building
288 North 1460 West
Room 114
538-6901 or 538-9457

Members	Bill Afeaki Sam Folau Heru Hendarto Robert Kagabo Aida Santos Mattingley Sylvia Garcia Rickard Luz Robles Betty Sawyer Ellen Selu K. Kumar Shah Jesse Soriano Suri Suddhiphayak	Patti Fuhriman Elizabeth Heath Melanie Preece Kathryn Rowley Nasrin Zandkarimi Melissa Zito	April Young Bennett George Delavan Owen Quiñonez Dulce Diez	Kyum Koo Chon Mary Catherine Jones Sabrina Morales William Greer
Excused	Dena Ned		Owen Quiñonez Dulce Diez	
Attendees:	Sam Folau Heru Hendarto Robert Kagabo Aida Santos Mattingley Sylvia Garcia Rickard Luz Robles Ellen Selu K. Kumar Shah Jesse Soriano Suri Suddhiphayak	Patti Fuhriman Kathryn Rowley Nasrin Zandkarimi Melissa Zito	April Young Bennett George Delavan	
Attachments:	EHAC Recommendations and Action Items Status List; UIHAB Goals; UDOH Priority Legislative Issues; Draft contract for a Multicultural Health Network			
Links:	Sun Safety press release: http://health.utah.gov/ucan/cancer/schools.htm UIHAB: http://www.health.utah.gov/indianh			

Agenda topics

1. Call to order, welcome, introduction	Sylvia Rickard
➤ Chile Verde provided a boxed dinner.	
2. Review, follow up and approval of September 12, 2005 minutes	Sylvia Rickard
➤ Jesse Soriano moved to approve; Aida Santos Mattingley seconded the motion; the minutes were approved.	
3. Review, follow up and approval of November 14, 2005 minutes	Sylvia Rickard
➤ Heru Hendarto pointed out that his name should be included in the attendees. The change was made. Kumar	

<p>Shah moved to approve; Jesse Soriano seconded the motion; the minutes were approved.</p> <p>➤ Jesse Soriano brought up the issue of how to follow-up with action items mentioned in the minutes. Kumar Shah suggested that UDOH maintain a running list of action items with their dates and statuses to send with the minutes. The list of action items would be reviewed at EHAC Executive Committee meetings. Persons assigned to action items would then be given time to report on action item status in meeting agendas.</p>	
4. More details about the uninsured problem among minorities	April Bennett
<p>➤ The Utah Health Status Survey oversampled by race in 2004 and found that American Indians are the only Utah racial group that is significantly less likely to be uninsured than the general Utah population. The survey estimates that 13-25% of American Indians are uninsured, compared to 9-12% of the general population.</p> <p>➤ The most recent numbers for ethnicity are taken from aggregate 2003 and 2004 data, and indicate that Hispanics are significantly less likely to be insured than the general Utah population as well. The survey estimates that 19-29% of Hispanics are uninsured, compared to 9-11% of the general population.</p> <p>➤ The Ethnic Chambers of Commerce are holding a town meeting this Thursday, January 12th to provide input as to how the business sector and state government can partner to find solutions on health insurance issues that impact ethnic-owned businesses. They especially want to hear from small business owners about their challenges and ideas for insuring more of their employees. A flyer about the meeting was available for EHAC members.</p> <p>➤ Dr. Delavan said that UDOH staff will be in attendance at the Ethnic Chambers of Commerce town meeting and that we can get information about the results of this meeting from them.</p>	
5. Role of UIHAB regarding health issues for American Indians/Native Americans	Melissa Zito
<p>➤ Tribal governments have special status because they are land-based groups, and have political status. They did not immigrate here.</p> <p>➤ See Snyder Act and Indian Healthcare Improvement Act for more information about tribal sovereignty.</p> <p>➤ Because the Utah Department of Health receives federal dollars, it is required to address disparities in Indian health through consultation.</p> <p>➤ The Utah Indian Health Advisory Board (UIHAB) purpose is to advise and make recommendations on accessibility of health services to AI/AN residing in Utah and to advise the UDOH Director on health policy issues relating to AI/AN's living in Utah. Melissa's role is to be liaison between the various division in the Department, other state agencies and the Tribes.</p> <p>➤ The UIHAB has been in operation for approximately 8-9 years and is comprised of tribal representatives appointed by tribal leaders and approved by Dr. Sundwall. The Indian Walk-in Center is also represented as the Urban Indian program.</p> <p>➤ Consultation is defined as meaningful discussion or communication; government to government relationship. For example, while PCN is subject to reauthorization, members of UIHAB will review the program to see if it meets Indian needs. If the UIHAB find barriers to the program serving Indians as needed, there is a process for the UDOH must look into to addressing those barriers. However, consultation is meaningful discussion. Agreement is not always the outcome. The UIHAB has also worked effectively with UDOH on immunization issues.</p> <p>➤ The Indian Health Service (IHS) only serves about 60% of the American Indian population. In Utah is slightly less.</p> <p>➤ IHS funds have not increased to match the growth in as much as the Indian population and with inflation. Currently, approximately 52% of needed health care is funded by congress to the IHS funding. The State is serving to fill the gap.</p> <p>➤ When an American Indian is on Medicaid, Medicaid pays for healthcare costs first, then IHS. IHS is the payor of last resort.</p> <p>➤ Tribes determine eligibility for tribal enrollment. Tribal enrollment determines eligibility for the IHS. and its accompanying IHS benefits. Not all Indians are eligible for IHS. Some full-blooded American Indians who may not be eligible for IHS services as they don't meet the blood quantum of their tribes. This is where Medicaid programs are of tremendous benefit.</p> <p>➤ American Indians who need a service not offered by Medicaid may seek IHS services.</p> <p>➤ Urban American Indians are ineligible for IHS care after 180 days off the reservation. This is particularly challenging for students and others who live away from the reservation for significant parts of the year.</p> <p>➤ UDOH services such as surveillance surveys, Medicaid, immunization and diabetes programs must seek tribal leadership approval, not necessarily the UIHAB. The UIHAB is often the first step in that consultation process.</p> <p>➤ The Indian Walk-In Center has a contract from with IHS and subcontracts with Community Health Centers for</p>	

direct medical services.

- 33% of American Indians in Utah live at or below poverty level; the highest proportion of any Utah racial group. Less than 50% of those eligible enroll in Medicaid.
- IHS has its own pharmacies. They are working to accommodate Medicare Part D and could lose funding because of these changes. There are two pharmaceutical companies designated to work specifically with Tribes and IHS and Urban programs.
- UIHAB has five priority areas: mental health, Medicaid enrollment, health care access, long-term care, and the IHS Master Plan.
- Jesse Soriano asked how the role of EHAC differs from the role of UIHAB. How can we avoid being in conflict with UIHAB or duplicating efforts?
- Melissa Zito stated it is a political government to government relationship and recommended that EHAC contact her to get on the UIHAB agenda to discuss this-with the UIHAB representatives. The health issues, barriers and resolutions are unique to this population.
- Owen Quiñonez and Melissa Zito have been working on improving communication between the two groups. Melissa Zito said Owen Quiñonez has attended several UIHAB meetings in the past.
- Dena Ned has membership on both EHAC and UIHAB. She does not represent the Tribes or the Tribal leadership. There are 7 Tribal governments in the state of Utah.
- Kumar Shah pointed out that EHAC issues are more generic than those of UIHAB, so EHAC could focus more on issues that affect multiple races, like data, and leave issues that are Native American specific to UIHAB.
- Jesse Soriano said that he would prefer a more formal coordination agreement.
- The option of exchanging liaisons was discussed. However, Melissa Zito said that most UIHAB members have to travel large distance to attend meetings in SL. An evening meeting for 2 hours would be extra in addition to the UIHAB and it is highly likely they would not be able to attend extra meetings of EHAC.
- Kumar Shah suggested we have an open invitation to UIHAB members to attend EHAC meetings when able.
- Jesse Soriano suggested having a combined EHAC/UIHAB meeting.
- Sylvia Rickard requested that Melissa Zito send EHAC a copy of UIHAB's goals. She pointed out that UIHAB goals are admirable for their long-term thinking, whereas EHAC recommendations tend to be more short-term in nature.
- Melissa Zito will share the EHAC request for greater collaboration efforts between EHAC and UIHAB to UIHAB.
- Dr. Delavan asked how EHAC can get on the UIHAB agenda. Meetings are the first Monday of the month at UDOH. Contact Melissa to get on the agenda.
- EHAC representatives could present at the UIHAB meeting about EHAC to open the discussion about coordination.
- Sam Folau pointed out that it is understandable if American Indians do not want to risk losing any power by collaborating with other decision-making (EHAC is not a decision making body. It is an advisory committee. I heard him say 'other committees'.) bodies given the history of oppression of American Indians, and suggested EHAC focus on the needs of American Indians outside the reservations who are not under the jurisdiction of tribal governments.
- Robert Kagabo asked about health disparities experienced by American Indians. Melissa Zito said they have high rates of diabetes, tuberculosis, alcoholism and flu deaths.
- Robert Kagabo asked if the UIHAB would like EHAC help dealing with these issues. Melissa Zito said she would share EHAC's offer to help to the UIHAB.
- Aida Santos Mattingley asked if UIHAB has a website. Melissa Zito says they do and will provide the URL.

6. Update from Utah Department of Health: Hot Topics

George Delavan

- The legislative general session starts next week.
- Some budget hearings start tomorrow, including the UDOH base budget. Medicaid funding will occupy most of this discussion.
- UDOH has established priority legislative issues. Dr. Delavan will attach these to the minutes. Among them: expansion of health insurance coverage; sharing electronic health information; flu, especially avian flu; immunization rates; safety net provider coordination; childhood obesity.
- Nasrin Zandkarimi recommended that minority media be included in Pandemic flu planning.
- Sylvia recommended that UDOH address the issue of travelers bringing in the flu from other places.

7. Update from Center for Multicultural Health

April Bennett

- CMH sponsored cultural competence training on December 5-6 for Utah Department of Health employees.

Attendees included representatives from each of the Center's high priority programs as well as representatives of other UDOH Departments. Speakers included Andrea Oliver, Department of Health and Human Services Office for Civil Rights; Derek Standring, Cicatelli Associates Inc; and Jose Reyes, Cultural Competency Consulting. Topics addressed included inclusiveness, the affects of belief systems on health, and working with limited English proficiency consumers. Anonymous training feedback evaluation forms indicated that most people who attended found the training helpful. At the end of the training, participants discussed and wrote suggestions for the health department to improve its inclusiveness capacity. These suggestions are going to be organized and presented to EHAC and UDOH management.

- Luz Robles requested that training invitations be directed to EHAC members sooner. The late invitation to this training made it difficult to attend.
- Nasrin Zandkarimi said that she received early notification of the training.
- April Bennett clarified that the late invitation to EHAC was because the training has limited space and was primarily for UDOH employees, but when space became available EHAC was invited as well.
- Luz Robles suggested that at least the EHAC Executive Committee should be invited to all trainings.
- Sylvia Rickard said it was a good sign that so many UDOH employees wanted to come to the training.
- Jesse Soriano reminded us that there are talented speakers with expertise in cultural competency locally that we should not overlook when having training.
- Luz Robles added that local trainers have more knowledge of local issues.
- Sam Folau pointed out that using local talent saves money.
- Sylvia Rickard agreed that local expertise should be recognized.
- April Bennett clarified that this time, national speakers were used because we had a unique opportunity to take advantage of these speakers' services while federal sources paid for their work. However, UDOH will take advantage of local experts in future trainings.
- Sylvia Rickard recommended that we don't pull away from outside speakers entirely because they bring in new ideas to Utah.
- A Latino community-based organization, Alliance Community Services, is sponsoring a meeting on Hispanic Health Disparities on March 10th and has asked the Center to facilitate a cultural competence workshop during the meeting.
- Dulce Diez had been hired as a new Multicultural Health Specialist. Dulce has a BS in Health Promotion from the University of Utah and has been working as an intern with the Center since November. Dulce is originally from Spain and has completed volunteer work in Cuba and Morocco.

8. The Multicultural Health Network (15 minutes)

April Bennett

- The Center for Multicultural Health is negotiating a contract with Utah Issues to establish the Utah Multicultural Health Network. The purpose of the Network is to involve public sector, private sector and community-based organizations and individuals in improving ethnic and racial minority health status in Utah and eliminating health disparities among racial and ethnic minority groups.
- The contract is paid for through a grant from the Public Health Service, Office of Minority Health.
- The draft contract work plan includes 3 tasks:
 - 1) Establish a Network to create and implement plans to improve ethnic and racial minority health status in Utah, including representatives of public and private sector health organizations, community-based organizations and members of a variety of ethnic and racial communities to participate in the network, including both decision-makers and grassroots members
 - 2) Organize and conduct an annual or biennial summit to address health disparities.
 - 3) Create an annual action plan and a 5-year strategic plan based on outcomes from the Multicultural Health Summits.
- The draft contract requires Utah Issues to collaborate with the Center for Multicultural Health on all activities.
- The draft contract requires Utah Issues to collaborate with EHAC in planning the Summit and to incorporate EHAC recommendations into the annual and strategic plans.
- Kumar Shah recommended that contract performance criteria be clear and simple so that it is obvious whether contract requirements have been satisfied.
- Sylvia Rickard requested that the Center send the draft contract to EHAC members for review.
- Sylvia Rickard recommended that EHAC members be invited to join the Network.

9. Review nominations of vacancy positions

Sylvia Rickard

- Robert Kagabo left the room while EHAC members discussed his nomination.
- Excerpts of Robert's resume were shared with the group.

<ul style="list-style-type: none"> ➤ It was clarified that Robert represents Blacks/African Americans. His citizenship status was not known, but United States citizenship is not required for EHAC membership. ➤ Members agreed that Robert's affiliation with the refugee community would be advantageous to EHAC, and that Robert is a good man. ➤ Jesse Soriano moved to accept Robert Kagabo's nomination to EHAC. Suri Suddhiphayak seconded the motion. The motion was unanimously approved. 	
10. Public Comment/upcoming events	
<ul style="list-style-type: none"> ➤ Educational web seminar on cervical cancer-Cervical Cancer in Vietnamese Women: What You Should Know to Help Save Lives on January 18, 2006 from 3PM-5PM EST. National experts will share information on cervical cancer rates in Vietnamese women, the link between cervical cancer and the human papilloma virus (HPV), how to address barriers to screening, how to access free and low-cost screening, and important cultural information for health professionals serving Vietnamese women. RSVP to kimja@mail.nih.gov or fax 301-496-7063 by January 15th. ➤ Luz Robles reported that the Office of Ethnic Affairs will meet tomorrow to discuss inmate transition policies. Thursday will be the health insurance initiative meeting. Friday will be the Martin Luther King Day luncheon to honor people and organizations that adhere to MLK's ideals. ➤ Sylvia Rickard pointed out a new skin cancer campaign. Utah has one of the highest rates of skin cancer and many people believe that minorities do not get skin cancer. ➤ Medicare Part D will be discussed at the next meeting. Sandy Hunter at UDOH is available to explain the benefit to groups that request it. ➤ The Office of Ethnic Affairs helps people enroll for benefits. EHAC can partner with their efforts. Talk to Luz Robles for more information ➤ Jesse Soriano brought up the issue that many people do not know EHAC exists. ➤ Kumar Shah suggested that the executive committee be more visible at community functions. ➤ Jesse Soriano suggested that someone from EHAC attend all CMH events. ➤ Sylvia Rickard said that EHAC needs 2 weeks notice in order to participate in all events. ➤ Jesse Soriano said that people should know that they can go to EHAC for help, not just CMH. ➤ Kumar Shah suggested that Luz Robles notify EHAC of events. Action items and recommendations need to be written throughout the year, not just annually. ➤ Sylvia recommended that CMH establish a listserv to facilitate prompt communication and send weekly emails. ➤ Luz Robles pointed out that CMH is EHAC's liaison to UDOH. With Dr. Sundwall as director, now is a good time to bring strong recommendations to UDOH. ➤ Luz Robles offered to add all EHAC members to her office listserv. Members would receive one email a week and could opt out if they chose. ➤ The group discussed making recommendations for the legislature. EHAC is an arm of UDOH and cannot lobby, but members can lobby as individual citizens. EHAC members can share information about legislative issues. ➤ Suri thanked Jane for the placards. 	
11. Adjourn and next meeting – March 13, 2006	Sylvia Rickard